



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 10-cr-10414-WGY	
DEFENDANT KEVIN B. KELLY		TYPE OF PROCESS FINAL ORDER OF FORFEITURE	
SERVE AT	Name Of Individual, Company, Corporation, Etc.. to Serve or Description of Property to Seize one ATV Polaris Sportsman bearing Vehicle Identification Number 4XAMH76A651466		
	Address (Street or RFD / Apt. # / City, State, and Zip Code)		
Send NOTICE OF SERVICE copy to Requester: CHRISTINE J. WICHES, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.) Please dispose of the above-referenced asset, in accordance with the attached Final Order of Forfeiture, and applicable law. <div align="right">JRL x3280</div>			
Signature of Attorney or other Originator requesting service on behalf of <i>Christine J. Wiches</i>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
		Date July 27, 2011	
SIGNATURE OF PERSON ACCEPTING PROCESS <i>Barry R. Small</i>		Date <i>12/16/2011</i>	
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER: <i>Barry R. Small - FFFO - DHS - CBP</i>
Date			
I hereby Certify and Return That <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.) <i>1901 Crossbeam Dr. Charlotte, NC. 28217</i>		Date of Service <i>12-16-2011</i>	Time of Service <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <i>10:40</i>
Signature, Title and Treasury Agency			
REMARKS:			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT ☐ FOR CASE FILE ☐ LEAVE AT PLACE OF SERVICE
☐ FILE COPY